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## SUSPECTED ACUTE MI

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### FIELD ASSESSMENT/TREATMENT INDICATORS

Chest Pain (Typical or Atypical)  
Syncopal episode  
History of previous AMI  
History of heart disease  
Angina  
Risk Factors

### BLS INTERVENTIONS

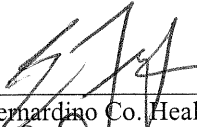
1. Recognition of signs/symptoms of suspected AMI
2. Reduce anxiety, allow patient to assume position of comfort
3. O<sub>2</sub> as clinically indicated
4. Obtain Oxygen saturation, if trained
5. May assist patient with self-administration of Nitroglycerin and Aspirin

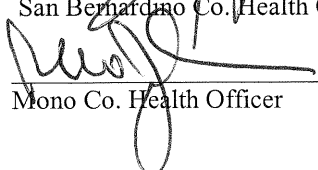
### ALS INTERVENTIONS

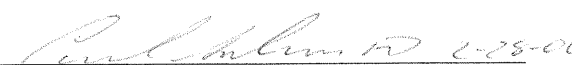
1. Obtain rhythm strip for documentation
2. Aspirin 162mg
3. Consider early vascular access
4. For patients with chest pain, signs of inadequate tissue perfusion and clear breath sounds give 300ml NS bolus, may repeat
5. **For agencies utilizing 12-Lead Technology only:**
  - a. If patient condition is critical, do not delay transport to obtain EKG
  - b. Obtain 12-Lead EKG
  - c. If signs of inadequate tissue perfusion, or if inferior wall infarct is suspected consider obtaining a right-chest 12-lead (V4R)
  - d. If right ventricular infarct (RVI) is suspected with signs of inadequate tissue perfusion, consider 300ml NS bolus, may repeat. Early consultation with Base Hospital or receiving hospital in rural areas is recommended. (Nitrates should be avoided in the presence of suspected RVI or hypotension)
  - e. With documented ST segment elevation in 2 or more contiguous leads, contact Base Hospital for destination decision while preparing patient for expeditious transport
  - f. Repeat 12-Lead at regular intervals, but do not delay transport of patient
6. Nitroglycerin 0.4mg sublingual/transmucosal, may repeat in 3 minute intervals if signs of adequate tissue perfusion are present. Consider Morphine Sulfate for pain management when Nitroglycerin is contraindicated (signs of inadequate tissue perfusion or recent use of sexual enhancement medications)
7. Morphine Sulfate 2mg IV, may repeat every 3 minutes to total 10mg. Consider concurrent administration of Nitroglycerin with Morphine Sulfate if there is no pain relief from the initial Nitroglycerin administration
8. Consider establishing a saline lock enroute on same side as initial IV
9. Complete thrombolytic checklist, if time permits

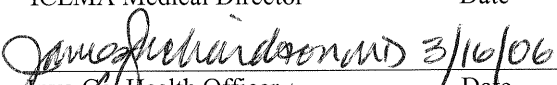
10. Contact Base Hospital for further Morphine Sulfate orders
11. In Radio Communication Failure (RCF) may give up to an additional 10mg Morphine Sulfate in 2mg increments with signs of adequate tissue perfusion

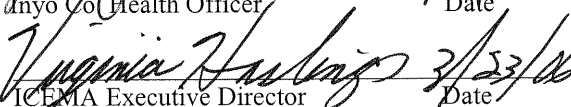
APPROVED:

 MAR 08 2006  
San Bernardino Co. Health Officer Date

 3/21/06  
Mono Co. Health Officer Date

  
ICEMA Medical Director Date

 3/16/06  
Inyo Co. Health Officer Date

 3/23/06  
ICEMA Executive Director Date